

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HEALTH AND RECOVERY SERVICES ADMINISTRATION
Olympia, Washington**

To: Ambulance Providers
ITA Transportation Providers
Managed Care Organizations

Memorandum No: 06-36
Issued: June 30, 2006

From: Douglas Porter, Assistant Secretary
Health and Recovery Services
Administration (HRSA)

For information contact:
800.562.3022 or go to:
<http://maa.dshs.wa.gov/contact/prucontact.asp>

Subject: Ambulance and Involuntary Treatment Act (ITA) Transportation: Fee Schedule Changes

Effective for dates of service on and after July 1, 2006, the Health and Recovery Services Administration (HRSA) will update the Ambulance Transportation Fee Schedule with a one percent (1%) Vendor Rate Increase (VRI) that was appropriated by the Legislature for the 2007 state fiscal year.

After consultation with the Washington Ambulance Association (WAA) and other ambulance providers, HRSA accepted WAA's recommendation to apply the amount appropriated for the ambulance VRI to the ground ambulance mileage rate and air ambulance liftoff fees only. Rates for all other ambulance procedure codes will remain at their current level.

There is no VRI for providers of Involuntary Treatment Act (ITA) transportation services.

Maximum Allowable Fees

The 2006 Washington State Legislature appropriated a one percent (1%) vendor rate increase for the 2007 state fiscal year. For HRSA's Ambulance Transportation Program, the appropriated amount is being applied to the following three procedure codes only:

Air Ambulance:	A0430 and A0431
Ground Ambulance:	A0425

All other rates are unchanged.

Bill HRSA your usual and customary charge. Reimbursement will be the lower of the billed charge or the maximum allowable fee.

Procedure Code Change

Effective July 1, 2006, procedure code **T2006** is being replaced by procedure code **A0998**. The procedure code description ("ambulance response and treatment, no transport") remains exactly

the same. Please note that procedure code A0998 is **not** payable. HRSA requests ambulance providers to bill it when applicable, for data collection purposes only. Compliance with HRSA's request is strictly voluntary.

Place of Service

Reminder: Effective July 1, 2006, all claims submitted to the HRSA must include the appropriate Medicare **two-digit place of service code**. Claims with a single-digit place of service code will be denied.

How do I conduct business electronically with HRSA?

You may conduct business electronically with HRSA by accessing the WAMedWeb at <http://wamedweb.acs-inc.com>.

How can I get HRSA's provider documents?

To obtain DSHS/HRSA provider numbered memoranda and billing instruction, go to the DSHS/HRSA website at <http://hrsa.dshs.wa.gov> (click ***the Billing Instructions and Numbered Memorandum*** link). These may be downloaded and printed.

Fee Schedule

Air Ambulance

HRSA considers all air transports to be Advanced Life Support (ALS). This is taken into consideration in the rates. There is no separate reimbursement for equipment and supplies such as incubators, dressings, or oxygen tanks. The base rate (lift-off fee) includes these costs.

Note: The need for air ambulance transport must be clearly documented in the ambulance provider's records.

Base Rate

Procedure Code	Description	Maximum Allowable Fee 7/1/06
A0430	Ambulance service, conventional air services, transport, one way (fixed wing) Per client transported.	\$910.81
A0431	Ambulance service, conventional air services, transport, one way (rotary wing) Per client transported.	804.45

Mileage

Procedure Code	Description	Maximum Allowable Fee 7/1/05
A0435	Fixed wing air mileage, per statute mile One way, per flight, equally divided by the number of clients transported.	\$5.50/ air mile
A0436	Rotary wing air mileage, per statute mile One way, per flight, equally divided by the number of clients transported.	13.31/ air mile

HRSA conducts post-pay reviews. HRSA may determine that ground ambulance transport would have been sufficient, based on information available at the time of service. If this happens, HRSA pays the rate for ALS ground service, unless the provider can justify the use of air ambulance.

Ground Ambulance

Modifiers are required on all codes. See Modifiers, page F.4, for descriptions.

Basic Life Support (BLS)

Procedure Code	Description	Maximum Allowable Fee 7/1/05
A0428	Ambulance service, basic life support, non-emergency transport (BLS) Origin and destination modifiers required. For each additional client, use modifier GM in addition to the origin and destination modifiers.	\$115.34
A0429	Ambulance service, basic life support, emergency transport (BLS-emergency) Origin and destination modifiers required. For each additional client, use modifier GM in addition to the origin and destination modifiers.	115.34

Advanced Life Support (ALS)

Procedure Code	Description	Maximum Allowable Fee 7/1/05
A0426	Ambulance service, advanced life support non-emergency transport, level 1 (ALS 1) Origin and destination modifiers required. For each additional client, use modifier GM in addition to the origin and destination modifiers.	\$168.43
A0427	Ambulance service, advanced life support, emergency transport, level 1 (ALS 1 emergency) Origin and destination modifiers required. For each additional client, use modifier GM in addition to the origin and destination modifiers.	168.43
A0433	Advanced life support, level 2 (ALS 2) Origin and destination modifiers required. For each additional client, use modifier GM in addition to the origin and destination modifiers.	168.43
A0434	Specialty care transport (SCT) Origin and destination modifiers required. For each additional client, use modifier GM in addition to the origin and destination modifiers.	168.43

Ground Ambulance (cont'd)

Mileage

Procedure Code	Description	Maximum Allowable Fee 7/1/06
A0425	Ground mileage, per statute mile Origin and destination modifiers required.	\$5.08/ mile

Other Services

Procedure Code	Description	Maximum Allowable Fee 7/1/05
A0170	Transportation ancillary: parking fees, tolls, other Invoice required. Origin and destination modifiers required.	By Report
A0424	Extra ambulance attendant, ground (ALS or BLS) or air (fixed or rotary winged); (requires medical review) Pertinent documentation to evaluate medical appropriateness should be included when this code is reported. Origin and destination modifiers required. Justification required: <ul style="list-style-type: none"> ✓ The client weighs 300 pounds or more; or ✓ Client is violent or difficult to move safely; or ✓ More than one client is being transported, and each requires medical attention and/or close monitoring. <p>Note: HRSA pays for an extra attendant in ground ambulance transports only. No payment is made for an extra attendant in air ambulance transports.</p>	\$23.18
A0998	Ambulance response and treatment, no transport Code not payable. Used for data collection purposes only.	#

= Non-covered

Involuntary Treatment Act (ITA) Transportation

Procedure Code	Description	Maximum Allowable Fee
S0215	Non-emergency transportation; mileage, per mile Rate per consumer. Use this same code to bill for emergency non-ambulance ITA transportation.	\$2.98/mile
T2001	Non-emergency transportation; patient attendant/ escort Requires justification: <ul style="list-style-type: none"> ✓ The client weighs 300 pounds or more; or ✓ Client is violent or difficult to move safely and must be restrained; or ✓ More than one client is being transported, and each requires medical attention and/or close monitoring. 	6.36/trip

- The mileage rate is only for those miles that the involuntarily detained consumer is on-board the vehicle (loaded mileage). MHD does not allow any additional charges beyond the rate per mile allowance, except for the extra attendant when specified conditions are met.
- MHD reimburses for transportation services at a provider's usual and customary rate or the above maximum allowable per mile, whichever is less, for each eligible involuntarily detained consumer.
- MHD payment is payment in full. MHD allows no additional charge to the involuntarily detained consumer.